| | | | | • | |
|---------------------------------|------------------|-----|--------|---------------------|---|
| | | | | Limit | |
| Fee Description | Authority | Fee | Amount | Unit Description | Comments |
| FAMILY HEALTH | 7 10 11 10 11 15 | | | ' | |
| SERVICES | | | | | |
| Health Fees | H&S, Sec, 510 & | | | | |
| | Gov Code 54985 | | | | |
| | (a) | | | | |
| Office Visit -Minimal (99211) | | \$ | 15.00 | | See footnote 1, 6, 7, 16 ,18 |
| Office Visit- Limited (99201) | | \$ | 47.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| Office Visit -Extended | | \$ | 42.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| Limited -99212 | | | | | |
| Established Patient | | | | | |
| Office Visit - | | \$ | 56.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| Intermediate (99213) | | φ | 50.00 | pei visit | See 100thote 1, 0, 7, 10, 18 |
| Established Patient | | | | | |
| Office Visit - | | \$ | 85.00 | per visit | See footnote 1, 6, 7, 16, 18 |
| Intermediate New | | · | | | , , , , , , |
| Patient (99202) | | | | | |
| Office Visit -Detailed | | \$ | 124.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| New Patient (99203) | | | | | |
| Office Visit -Detailed | | \$ | 88.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| Established Patient | | | | | |
| (99214) | | | | | |
| Office Visit -Extended | | \$ | 143.00 | per visit | See footnote 1, 6, 7, 16 ,18 |
| -New Patient (99204) | | | | | |
| Office | | \$ | 25.00 | per visit | See footnote 1, 6, 7, 16 |
| Visit/Immunization | | Ψ | 20.00 | per visit | 300 100th ote 1, 0, 7, 10 |
| Visit for single | | | | | |
| Immunization | | | | | |
| 90471/90473 | | | | | |
| Time related for | Gov Code 54985 | \$ | 20.00 | per extra | See footnote 1, 6, 7, 16 |
| additional | (A) | | | immunizatio | |
| Immunizations | | | | n | |
| 90472/90474 or Flu | | | | | |
| only vaccination visit | | | | | |
| Sliding Fee | | | 0.100 | | |
| Targeted Case | | | 0-406 | each | See footnote 1, 24 |
| Management (TCM) | | | | | |
| \$0-406.00 sliding fee | | | | | |
| Community Education/Consultatio | | | | | |
| n | | | | | |
| Health Education | | | 0-250 | each | Provides the division with resource to charge |
| Workshop | | | 0 200 | Cacii | community members attending PH workshops |
| \$0-250 per person | | | | | community monitorio according 111 montoriopo |
| 40 200 poi poidoii | ļ | | | | |

| | | | Unit | | | | |
|-----------------------|---|----------------------------|-------------------|--|--|--|--|
| Fee Description | Authority | Fee Amount | Description | Comments | | | |
| Public Health Nursing | | \$ 100.00 | per hour | See footnote 3 ,6, 24 | | | |
| Consultation, | | | | | | | |
| Education | | | | | | | |
| Outreach/Hour | | | | | | | |
| Medical Marijuana | | | | | | | |
| Medical Marijuana ID | H&S, Section | \$ 72.00 | per card | See footnote 9, 19 | | | |
| Card | 11362.7) | | | | | | |
| Footnote # | Footnote Narrative | | | | | | |
| 1 | Sliding fee scale based on household income and number of dependents. | | | | | | |
| | | | | | | | |
| 2 | An hourly rate fee is added for those projects that require more than the projected average number of | | | | | | |
| | staff hours. | | | | | | |
| 3 | Move towards Boa | rd of Supervisor or | olicy of full cos | et recovery | | | |
| 3 | lviove towards boa | ila di Sapervisor po | oney or run cos | it recovery. | | | |
| | | | | | | | |
| 4 | | | | pusiness in the incorporated and unincorporated | | | |
| | • | • | | eceive an exemption from health permit and other | | | |
| | | alth fees as authori | zed by the Bu | siness and Professions Code, Sections 16000 et | | | |
| | seq. | | | | | | |
| 5 | Non-profit organizations with proof of non-profit status will receive an exemption from these | | | | | | |
| | Environmental Health Fees. | | | | | | |
| 6 | Under the authority of the Health Officer and mandate of the Department of Public Health to prevent the spread of communicable diseases or occurrence of additional cases (California Health and Safety Code section 120175), fees may be waived or reduced to an amount a patient is able to pay | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7 | All significant supplies and medications are additional at a rate not to exceed direct and indirect costs. | | | | | | |
| ′ | All Significant Supp | nies and medicalion | is are addition | iai at a rate not to exceed direct and indirect costs. | | | |
| | | | | | | | |
| 8 | Non-profit organize | ed camps are exem | pted from the | fees in this program. | | | |
| | | · | • | | | | |
| _ | | | | | | | |
| 9 | 9 In addition to the County approved fee, an additional State surcharge is applicable and is subject to change after this publication. | | | | | | |
| | | | | | | | |
| 10 | Multiple program fe | ee adjustment of \$ | 19/additional r | program when facilities are subject to two or more | | | |
| | programs. | ce adjustificiti of ϕ | +o/additional p | or ogram when tallings are subject to two or more | | | |
| | programo. | | | | | | |
| 11 | This fee will be cha | arged at 1.5 times t | he hourly rate | when work is performed during overtime conditions. | | | |
| | | | | • | | | |
| 12 | The Director of En | vironmental Hoalth | ie authorizad | to waive fees for applicants who are secking to | | | |
| 12 | 12 The Director of Environmental Health is authorized to waive fees for applicants who are seeking to reconstruct legally constructed homes and other structures, including associated grading, that were | | | | | | |
| | 0 , | | | ister, where the Board of Supervisors adopts a | | | |
| | resolution declaring | | namnaue uisa | ision, where the board of Supervisors adopts a | | | |
| 40 | , | • | | | | | |
| 13 | Fee charged offset | is liscal year costs. | | | | | |
| | | | | | | | |
| L | ! | | | | | | |

| | | | Unit | | | | | |
|-----------------|--|------------|-------------|----------|--|--|--|--|
| Fee Description | Authority | Fee Amount | Description | Comments | | | | |
| | The CUPA may authorized a CalARP facility risk management plan audit in compliance with CCR, Title 19, Division 2, Chapter 4.5, Section 2775.2 and CUPA Policy P-04 to be conducted by the County's consultant. The fee is charged to the CalARP facility and passed through to the consultant. | | | | | | | |
| 15 | Environmental Health may authorize a consultant to review and oversee site remediation/clean up projects. Review and oversight consists of but not limited to review site work and safety plans, oversee customer field work to verify compliance with site health and safety plans, review phase I and phase II site investigation reports, and provide verbal and written reports to Environmental Health regarding site closure and /or required mitigation. Actual cost of consultant is charged to the customer and passed through to the consultant. | | | | | | | |
| 16 | The Nursing unit uses office visit procedure codes defined by Medi-Cal CPT codes established by the American Medical Association. These office visits include staff time associated with the procedure. Associated supplies are added to office visit based on a quarterly updated supply list as referenced in footnote #7. | | | | | | | |
| 17 | H&S Code 1281 and Penal Code 13823.9 deals with the standards of sexual assault exams | | | | | | | |
| 18 | The charges do not include Public Health Laboratory fees. Please see Public Health Laboratory fee schedule for specific laboratory tests associated with SART/SCAN exams | | | | | | | |
| 19 | MMIC program is only allowed to charge Medi-Cal clients 50% of the approved fee, per State of California guidelines. State surcharge amount is over and above the local MMIC fee. Surcharge is based on State notification and is subject to change during the year. | | | | | | | |
| 21 | A fee equal to the County's direct and indirect costs, including the costs of County consultants shall be paid to the County for Trauma Center Application and associated annual monitoring. The County will estimate the probable costs of such application and processing and require a deposit in the amount of such probable costs to accompany such applications. Prior to acting on such applications, the County will notify the applicant before the County shall act on the application | | | | | | | |
| 22 | A fee equal to the County's direct and indirect costs, including the costs of County consultants shall be paid to the County for STEMI Designation application and associated annual monitoring. The County will estimate the probable costs of such applications. Prior to acting on such applications, the County will notify the applicant before the County shall act on the application | | | | | | | |
| 23 | Hourly Program Review Fee when consultation is requested for EMT or Paramedic training programs. | | | | | | | |
| 24 | In high-risk cases/situations where the health and well being of a client or the public are deemed to be at public health risk, Public Health Nurse Case Managers/Public Health Nurse Supervisors are authorized to waive required fees. | | | | | | | |